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James D. Erick	son		l her	Cert eby certify that thi	tificate of Mailing or T s Fee(s) Transmittal is	ransmission being deposited with the United	
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Ogden, UT 8440	5		Н	ollie Pete	11/2 / 2 2 2	(Depositor's name)	
			4	20 luc	yexwor.	(Signature)	
				anuary 24,			
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET N	IO. CONFIRMATION NO. 3409	
10/729,769	12/05/2003		Marcus Clark		AAI-14197	3409	
TITLE OF INVENTION	: INFLATOR DEVICES	HAVING A MOISTUR	E BARRIER MEMBER				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	FEE TOTAL FEE(S)	DUE DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	02/28/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
KLEIN, GABRIEL J 3641		102-530000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Sally J Brown				
Change of corresponded Address form PTO/SE	ondence address (or Cha 3/122) attached.	inge of Correspondence	or agents OR, alternatively.				
German "Fee Address" indi	cation (or "Fee Address	" Indication form	registered attorney or a	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 Pauley Petersen &			
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed. Pauley Petersen & Erickson				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	oe)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Autoliv ASP, Inc. Ogden, Ut							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
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Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500332 (enclose an extra copy of this form).							
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Authorized Signature	Long	B	-		nuary 24, 200)7	
Typed or printed name Sally J Brown Registration No. 37, 788							
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